

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 24 1957

State File No. 19927

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>225</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>14 da</u>		c. CITY OR TOWN <u>Bucklin</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O.H.</u>				e. STREET ADDRESS <u>0580</u> (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>HENRY CLAY</u>		<u>Wright</u>		<u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 31, 1880</u>		9. AGE (in years last birthday) <u>77</u>	10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>19</u>	11. IF UNDER 2 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Commissioner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of Bucklin</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS C. WRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA F. BURNETT</u>		14. NAME OF HUSBAND OR WIFE <u>Victoria Wright (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Wright</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TERMINAL PNEUMONIA</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>paralysis agitans</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-7</u> , 19 <u>57</u> , to <u>6-20</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6-20</u> , 19 <u>57</u> , and that death occurred at <u>3:55 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Stinson, D.O.</u>		23b. ADDRESS <u>K.O.H., Kirksville, Mo.</u>		23c. DATE SIGNED <u>6-20-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Larson</u>			
				ADDRESS <u>Bucklin, Mo.</u>			

JUN 26 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

\*Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 403

P. O. Address Bucklin 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.